

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 567 681

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		0				
7		0				
8		0				
9		0				
10		0				
11		1				
12		1				
13		1				
14	1					
15		1				
16	1					
17		4				
18		4				
19		0				
20	1					
21	1					
22		0				
23		0				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32	1					
33		1				
34		9				
35		9				
36		9				
37		9				
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46						
47						
48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	66	←		←		←
TOTAL CLAIMS	75					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						